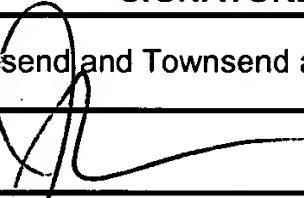


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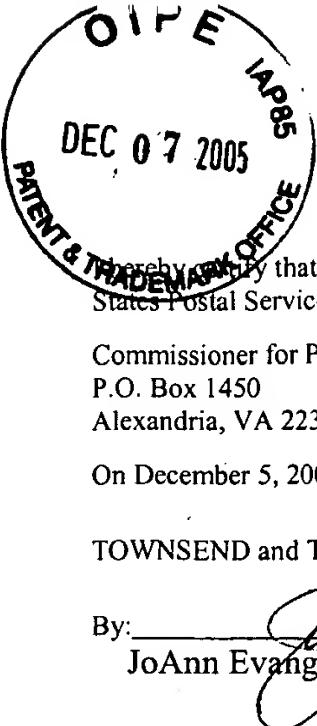
3762

<p style="text-align: center;"><b>TRANSMITTAL FORM</b></p> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <p>DEC 07 2005</p> <p>PATENT &amp; TRADEMARK OFFICE</p>		Application Number	09/963,777
		Filing Date	September 26, 2001
		First Named Inventor	KIEVAL, ROBERT S.
		Art Unit	3762
		Examiner Name	Orpeza, Frances P.
Total Number of Pages in This Submission	77	Attorney Docket Number	021433-000120US

<b>ENCLOSURES (Check all that apply)</b>					
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter			
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Declaration Attachment to Amendment curriculum vitae Attachment to Amendment Return Postcard			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.				
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application					
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53					

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	December 5, 2005	Reg. No.	29,541

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	JoAnn Evangelista	Date	December 5, 2005



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On December 5, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: *JoAnn Evangelista*  
JoAnn Evangelista

PATENT

Attorney Docket No.: 021433-000120US

Client Ref. No.: 1151.1106101

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

ROBERT S. KIEVEL et al.

Application No.: 09/963,777

Filed: September 26, 2001

For: ELECTRODE DESIGNS AND  
METHODS OF USE FOR  
CARDIOVASCULAR REFLEX  
CONTROL DEVICES

Customer No.: 20350

Confirmation No. 1758

Examiner: Orpeza, Frances P.

Technology Center/Art Unit: 3762

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 13, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.